



Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801
Phone: 203-794-8531 Fax: 203-778-7519

Counselor Personal Reference Form

To be completed by an adult (**not a relative**) who has known the applicant for one year or more.

Applicant's Name: _____

How long have you know the applicant? In what capacity?

Do you think the applicant would be a good caregiver for children? Why?

Do you find the applicant to be:

Dependable? _____

Trustworthy? _____

Honest? _____

Do you think the applicant would be a positive role model for children? _____

Do you feel the applicant uses mature judgment? _____

Is there anything else you would like us to know about the applicant?

Name: _____ Date: _____ Phone: _____

Signature: _____



Clifford J. Hurgin Municipal Center, 1 School Street, Bethel, CT 06801
Phone: 203-794-8531 Fax: 203-778-7519

Counselor Teacher Reference Form

To be completed by a current or past teacher.

Applicants name _____

1. What class(es) do (did) you have the applicant in?

2. Do you think that the applicant would be a good caregiver and role model for children in a recreational setting? Why?

3. Does the applicant have good conduct at school?

4. Does the applicant turn in assignments on time?

5. Is the applicant courteous and respectful to others?

6. Overall impression?

Name: _____ Date: _____ Phone: _____

Signature: _____